

Microenterprise Home Kitchen Operation (MEHKO)

Plan Check Application [1602]

Attachments:	Fees:
<p>The following items must be included in the MEHKO plan check application:</p> <ul style="list-style-type: none"> <input type="checkbox"/> A completed MEHKO Standard Operating Procedures Form <input type="checkbox"/> An easily readable floor plan of your proposed MEHKO. These may be drawn by hand and must include all areas used by the MEHKO, such as food storage areas, restrooms, kitchen, food service areas, and refuse/trash areas. Please describe the types of flooring and wall coverings (wallpaper, paint, etc.) in each area, and any equipment/appliances that will be used (refrigerator, freezer, dishwasher, stove, BBQ, etc.). <input type="checkbox"/> Proof of residency at the MEHKO location <input type="checkbox"/> If you will offer delivery from your MEHKO using a motor vehicle, a copy of a valid driver's license for your MEHKO's delivery driver is required. 	<p>Application fee (non-refundable)..... \$255</p> <p>Plan Review and Inspection fees\$161/hour</p> <p>The EHS policy on Plan Review Fees can be found on the EHS Website: https://content.civicplus.com/api/assets/9f4c3f5b-a709-46f9-b8bc-ed8a10377be0?cache=1800</p> <ul style="list-style-type: none"> <input type="checkbox"/> I understand that the plan check application fee of \$255 initiates the plan check process, and that Environmental Health Services will charge an additional \$161 per hour, billed to the minute, for all time spent reviewing this plan check application, including but not limited to emails, phone calls, site visits, and in-person appointments. _____ (initial) <input type="checkbox"/> I understand that Environmental Health Services must review and approve my Plan Check Application before I can apply for a Health Permit and open/operate a MEHKO. _____ (initial) <input type="checkbox"/> I understand that all plan check fees must be paid in full before I can apply for a Health Permit and open/operate a MEHKO. _____ (initial) <input type="checkbox"/> I understand that I may request a no-fee, one-time review of plan check decisions with an EHS senior staff member or supervisor. _____ (initial) <input type="checkbox"/> I hereby authorize representatives of Santa Barbara County to enter the MEHKO premises for the purpose of evaluating the MEHKO and determining its compliance with County and State requirements. _____ (initial)

Important Notes (Please Read)

- ✓ Allow 20 business days for the initial review of plans.
- ✓ Plans that do not meet the State or local requirements for MEHKOs will be returned for revision.
- ✓ Project approval will not be issued until all fees are paid.
- ✓ Upon project completion, *but prior to OPENING*, you will be required to pay all outstanding Plan Review balances and apply for a Health Permit. All Plan Review balances must be paid prior to applying for annual Health Permit.

FOR OFFICE USE ONLY

SR: _____ AR: _____

District: _____

Billing Information (This section **MUST** be completed. Incomplete information will result in project delays)

Name: Last _____ First _____

Care of: _____

Billing Address: _____ Suite/Apt/Unit: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ Cell: (_____) _____

Email: _____

Owner/Business Information (Please print)

Owner last name: _____ First name: _____
Business name (DBA): _____
Business/Residence location: **Note: The MEHKO business must be located at the address of the home kitchen.**
Street address: _____ Unit _____
City/State/Zip: _____
Primary Phone: (____) _____
Secondary phone: (____) _____
Email: _____

Specific Program Information

Microenterprise Home Kitchen Operations are only allowed to engage in "direct sale" of their products to the consumer. They may not sell or provide food or beverages to a third party, such as a store, food truck, or restaurant. They must make and store foods sold at the MEHKO in the private residence. Food may be consumed on-site, delivered by the MEHKO to the consumer, or picked up at the MEHKO by the consumer. MEHKOs are limited to \$50,000 gross receipts per year and have daily and weekly meal count limitations. MEHKOs must prepare and serve food on the same day. Other restrictions apply.

Note: A pre-opening inspection is required prior to application approval. Inspection appointments require advance notice of two full business days.

Certifications

Are you eligible for a Veteran's Fee Exemption? If yes, please attach an AFFIDAVIT FOR A VETERAN'S FEE EXEMPTION FOR THE HEALTH PERMIT TO OPERATE A FOOD BUSINESS and submit with an attached copy of Honorable Discharge or other evidence of honorable release from U.S. Armed Services (e.g., a copy of the DD 214). Fee Exemption form is available at Environmental Health Services offices and on the EHS website:

<http://www.countyofsb.org/uploadedFiles/phd/EHS/veteransfeeexemption.pdf>

The undersigned hereby certifies that all the information provided on this application is true and accurate and agrees to notify Environmental Health Services of any changes which occur in the type of business activity, name, billing address, ownership or closure.

Signature must be an Owner, Partner or Corporate Officer (Corporation and Limited Liability Companies). A manually signed copy of this application delivered by facsimile, email, or other electronic transmission shall be deemed to have the same legal effect as delivery of an original signed copy of this application.

Submission of an application is not a permit to operate until additional steps are completed and authorization is given for a food facility to process and distribute food products.

Print Name: _____ Title: _____

Signature: _____ Date: _____

APPLICATION DISPOSITION: Approved Denied

Signed _____ Date: _____
Environmental Health Specialist

For Department Use Only

Application Fee: Rec'd By: _____ Date Rec'd: _____ Amount Rec'd: \$ _____

Check CC Cash Other Check Date: _____ Chk/CC #: _____ Receipt No: _____

Final Construction approved by: _____ Report 5373 attached: Date: _____ By: _____

Permit Conditions: _____